Aug. 9. 2017 2:55FM No. 9739 PRIF. 11 07/18/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 445351 07/16/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 106 HOLT COURT SIGNATURE HEALTHCARE OF GREENEVILLE GREENEVILLE, TN 37743 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 0000K 000 ! INITIAL COMMENTS 8/18/17 K 372 NFPA 101 Subdivision of Building A Life Safety Survey was conducted by the State Spaces of Tennessee Department of Health Division of Health Licensure and Regulation Office of Health The two penetration at the annular space Care Facilities survey on 7/16/2017. During this have been corrected and fire stopped on Life Safety Survey, Signature Healthcare of 8/11/17. The penetration above panel EW Greeneville was found not in substantial has been fire stopped on 8/11/17 The compliance with the requirements for participation opening in the gypsum above the ATS panel in Medicare/Medicaid at 42 CFR Subpart has been repaired on 8/11/17. A 100% audit of facility for penetrations 483.70(a), Life Safety from Fire, and the related was conducted by the maintenance National Fire Protection Association (NFPA) supervisor was conducted on \$/11/17. standard 101 - 2012 edition. Findings from audit will be reviewed with the administrator and then corrected. The requirement at 42 CFR, Subpart 483.70(a) is Education was provided to the maintenance NOT MET as evidenced by: director by the administrator on 8/8/17 on NFPA 101 Subdivision of Building Spaces -K 372 K 372 ! penetrations. Smoke Barrie SS=D The maintenance supervisor will audit 10 areas of facility for penetrations for 4 weeks and then monthly for 2 months or Subdivision of Building Spaces - Smoke Barrier until penetrations are resolved. Construction Audits will be reviewed at the monthly 2012 EXISTING QAPI meeting, if any deficient practices are Smoke barriers shall be constructed to a 1/2-hour noted in the morning white board meeting fire resistance rating per 8.5. Smoke barriers shall: or monthly audits the deficient practice will be permitted to terminate at an atrium wall, be immediately corrected and reported to Smoke dampers are not required in duct the monthly QA meeting for 3 months penetrations in fully ducted HVAC systems where beginning August 2017. an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the fire resistance of smoke barriers per the requirements above and: 2012 NFPA 101 Section 8.3.5.1. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Aug. 9. 2017 2:55FM DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES No. 9739 PRII^F. 12 07/18/2017 FORM APPROVED ОМВ NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 '	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVE COMPLETED	
	PROVIDER OR SUPPLIER IRE HEALTHCARE O	445351 F GREENEVILLE	1	TREET ADDRESS, CITY, STATE, ZIP CODE 06 HOLT COURT GREENEVILLE, TN 37743	07/	16/2017
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X5) COMPLETION DATE
K 372	The findings includ 1. Observation with 7/16/2017 at 10:03 rated ceiling of the had metal conduit t above an electrical had come out of th two unsealed pene the passage of sme 2. Observation with 7/16/2017 at 12:52 rated ceiling of the metal conduit throu panel "EW" that wa 3. Observation with 7/16/2017 at 12:53 rated ceiling of the electrical wiring throu	e: If the Maintenance Director, on AM revealed the 1-hour fire emergency code cart room through the gypsum ceiling panel where the firestopping e annular space resulting in trations that would not resist ooke. If the Maintenance Director, on PM revealed the 1-hour fire main electrical room had ugh the gypsum ceiling above as not sealed. If the Maintenance Director, on PM revealed the 1-hour fire main electrical room had ugh the gypsum ceiling above as not sealed. If the Maintenance Director, on PM revealed the 1-hour fire main electrical room had ough a 6-inch by 3-inch sum ceiling above the ATS	K 372	K 753 Combustible Decorations The combustible decoration on all facility doors were removed on 8/11/17 by the maintenance director. A 100% audit of all doors in facility was conducted on combustible materials by the maintenance director on 8/11/17. Any combustible materials will removed immediately by the maintenance director. Education on combustible decorations was provided to the maintenance director by the administrator on 8/8/17. The maintenance director will audit 10 residen care areas for combustible materials weekly times 4 weeks and then monthly for 2 months to ensure combustible materials are removed from facility doors. Audits will be reviewed at the monthly QAPI meeting, if any deficient practices are noted in the morning white board meeting or monthly audits the deficient practice will be immediately corrected and reported to the monthly QA meeting for 3 months beginning August 2017.	y s p y 1 s y c t y 2 c s t y c s t t y 2	8/18/17
K 753 SS=E	Supervisor and ack Administrator durin 7/16/2017. NFPA 101 Combus Combustible Decor Combustible decor unless one of the fo * Flame retardant of	g the exit conference on tible Decorations rations ations shall be prohibited	K 753			

Aug. 9. 2017 2:55FM DEFACTIMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES No. 9739 PRIP. 13 07/18/2017 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	& MEDICAID SERVICES					<u>. 0938-039</u>
OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED 07/16/2017		
445351		B. WING				<u>.</u>
PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
JRE HEALTHCARE O	F GREENEVILLE					
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFI		(EACH CORRECTIVE ACTION SHOU	LD BE	(X5) COMPLETIO DATE
* Decorations meet * Decorations exhib kilowatts in accorda * Decorations, such and other art are at and non-fire-rated of 18.7.5.6 or 19.7.5.6 * The decorations in such limited quantit present. 18.7.5.6, 19.7.5.6 This STANDARD is Based on observat failed to ensure con highly flammable pe 2012 NFPA 101 Ser This deficiency affe The findings include Observation and int Director on 7/16/20 12:00 PM confirmed combustible decora 181, 228, 229, 120, 104, and 101 were fire retardant materi This finding was ver Supervisor and ack Administrator during 7/16/2017. NFPA 101 Electrical and Extens Electrical Equipment Extension Cords Power strips in a pa	NFPA 701. iit heat release less than 100 ance with NFPA 289. It as photographs, paintings tached to the walls, ceilings doors in accordance with the existing occupancies are in ies that a hazard of fire is not less that a less tha			K 920 Electric equipment – power con and extensions The power strips in rooms 105, 106 at therapy gym will be removed by maintenance director by \$/11/17. A 100% audit will be conducted in resident care areas of the facility by \$/11/18 to ensure resident care areas has appropriate electrical equipment, powereds, and power strips. Education was provided to maintenance director on \$/\$/17 appropriate electrical equipment to inclusive power cords and strips. The maintenant director will audit 10 areas for appropriate electrical cords/power cords weekly times weeks and then monthly for 2 months ensure resident care areas have appropriate electrical equipment, power cords, a power strips. Audits will be reviewed at the month QAPI meeting, if any deficient practices a noted in the morning white board meeting or monthly audits the deficient practice we immediately corrected and reported	nd the all 17 ve ver the on de cc ate to ate id to	8/18/17
	PROVIDER OR SUPPLIER JRE HEALTHCARE O SUMMARY STA (EACH DEFICIENCY REGULATORY OR L Continued From pa * Decorations meet * Decorations exhib kilowatts in accorda * Decorations, such and other art are at and non-fire-rated of 18.7.5.6 or 19.7.5.6 * The decorations in such limited quantit present. 18.7.5.6, 19.7.5.6 This STANDARD is Based on observat failed to ensure con highly flammable pe 2012 NFPA 101 Sec This deficiency affe The findings include Observation and int Director on 7/16/20 12:00 PM confirmed combustible decora 181, 228, 229, 120, 104, and 101 were fire retardant materi This finding was ver Supervisor and ack Administrator during 7/16/2017. NFPA 101 Electrical and Extens Electrical Equipment Extension Cords Power strips in a pa	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 445351 PROVIDER OR SUPPLIER JRE HEALTHCARE OF GREENEVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 * Decorations meet NFPA 701. * Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. * Decorations, such as photographs, paintings and other art are attached to the walls, cellings and non-fire-rated doors in accordance with 18.7.5.6 or 19.7.5.6. * The decorations in existing occupancies are in such limited quantities that a hazard of fire is not present. 18.7.5.6, 19.7.5.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure combustible decorations were not highly flammable per the requirements of: 2012 NFPA 101 Section 19.7.5.6 This deficiency affected 12 of 94 resident rooms. The findings include: Observation and interview with the Maintenance Director on 7/16/2017 between 9:50 AM and 12:00 PM confirmed the facility failed to show combustible decorations on resident room doors 181, 228, 229, 120, 125, 119, 118, 117, 110, 107, 104, and 101 were fire resistant or treated with a fire retardant material. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 7/16/2017. NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only	A 445351 PROVIDER OR SUPPLIER JRE HEALTHCARE OF GREENEVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH OEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 * Decorations meet NFPA 701. * Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. * Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and on-fire-rated doors in accordance with 18.7.5.6 or 19.7.5.6. The decorations in existing occupancies are in such limited quantities that a hazard of fire is not present. 18.7.5.6, 19.7.5.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure combustible decorations were not highly flammable per the requirements of: 2012 NFPA 101 Section 19.7.5.6 This deficiency affected 12 of 94 resident rooms. The findings include: Observation and interview with the Maintenance Director on 7/16/2017 between 9:50 AM and 12:00 PM confirmed the facility failed to show combustible decorations on resident room doors 181, 228, 229, 120, 125, 119, 118, 117, 110, 107, 104, and 101 were fire resistant or treated with a fire retardant material. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on 7/16/2017. NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only	TOF DEFICIENCIES OF CORRECTION (X1) PROVIDER/SUPPLIER A SUILDING 445351 PROVIDER OR SUPPLIER JRE HEALTHCARE OF GREENEVILLE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 2 * Decorations meet NFPA 701. * Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. * Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and onn-fire-rated doors in accordance with 18.7.5.6 or 19.7.5.6. * The decorations in existing occupancies are in such limited quantities that a hazard of fire is not present. 18.7.5.6, 19.7.5.6 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure combustible decorations were not highly flammable per the requirements of: 2012 NFPA 101 Section 19.7.5.6 This deficiency affected 12 of 94 resident rooms. 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WING	A 45351 A 45351 B WMMG TREETADRESS, CITY, STATE, ZIP CODE 108 HOLT COURT GREENEVILLE, TN 37743 SUMMARY STATEMENT OF DEFICIENCIES (EACH GENERIC WILDER OF LINE PROCEEDED BY FULL REGULATIONY OR LSC IDENTIFYING INFORMATION) Continued From page 2 Decorations meet NFPA 701 Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. Decorations, such as photographs, paintings and one-fire-rated doors in accordance with 18,7.5.6 or 19,7.5.6. The decorations in existing occupancies are in such limited quantities that a hazard of fire is not present. 18,7.5,6, 19,7.5.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure combustible decorations were not highly flammable per the requirements of: 2012 NFPA 101 Section 19,7.5.6 This deficiency affected 12 of 94 resident rooms. 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Aug. 9. 2017 2:56fM DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

No. 9739 PRIP. 14 07/18/2017 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A, BUILDING 01 - MAIN BUILDING 01 445351 B. WING 07/16/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 106 HOLT COURT SIGNATURE HEALTHCARE OF GREENEVILLE GREENEVILLE, TN 37743 PROVIDER'S PLAN OF CORRECTION (X5) SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID COMPLETION IEACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAĢ TAG DEFICIENCY) Continued From page 3 K 920: (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10,2,3.6 (NFPA 99), 10,2.4 (NFPA 99), 400-8 (NFPA 70), 590,3(D) (NFPA 70), TIA 12-5 This STANDARD is not met as evidenced by: Based on observation and record review, the facility failed to provide power strips in patient care areas for patient-care-related electrical equipment (PRCEE) and non-PRCREE that meet UL 1363A or UL 60601-01 for PCREE and UL 1363 for non-PRCREE per the requirements of: NFPA 99 2012 Edition 10.2.3.6, 10.2.4, NFPA 70 400-8 & 590.3 (D) This deficiency affected 1 of 6 smoke compartments. The census the day of the survey was 106 residents. The findings include: Observation and record review on 7/16/2017between 11:45 AM and 2:40 PM revealed the following areas did not have a UL. Listed power strip for PCREE and non-PCREE

Aug. 9. 2017 2:56FM DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES No. 9739 PR P. 15 07/18/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED	
		445351	8. WING_		07	/16/2017	
NAME OF PROVIDER OR SUPPLIER SIGNATURE HEALTHCARE OF GREENEVILLE				STREET ADDRESS, CITY, STATE, ZIP CODE 106 HOLT COURT GREENEVILLE, TN 37743			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION : DATE	
K 920	power strip in the p 1363A or UL 60601 2. Physical therapy (TENS unit and Ved UL1363 power strip The maintenance d deficiency was iden	105 and 106 had a UL1363 atient care vicinity with no UL -01 listing. room had medical equipment stra Neo unit) plugged into a	K 92				